

Non-Formulary Prior Authorization Criteria

Generic Name: Erythropoetin/Darbepoetin

Brand Name: Epogen/Procrit/Aranesp

Therapy Anemia in patients associated with-

- CRF
- HIV positive patient on Zidovudine (not for treatment of anemia due to other factors inc: iron or folate deficiencies, hemolysis, or GI bleeding)
- Chemotherapy agents of greater than one month

Inclusions

- HgB <11g/dl or HCT <33%
- T-Sat >20%
- Ferritin level >100ng/ml
- Serum creatinine of ≥ 1.8

Exclusion

- Patients who have not been ruled-out for secondary causes (occult bleeding,etc)
- Patients with inadequate iron intake and low serum iron levels

Authorization
Limit Three months

Medical Director _____

Date _____